

Diabetes and obesity in primary health care

-a condition beyond physiological factors

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Akademisk avhandling

som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien
vid Göteborgs Universitet
kommer att offentligen försvaras i
hörsal 2119, Hälsovetarbacken, Arvid Wallgrens backe, hus 2 Göteborg
torsdagen den 1 december kl 13.00

Fakultets opponent

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This thesis is based on following papers:

- I. Svenningsson I, Gedda B, Marklund B. (2011). Experiences of the encounter with the diabetes team-A comparison between obese and normal-weight type 2 diabetic patients. *Patient Educ Couns.* 82(1), 58-62.
- II. Svenningsson I, Attvall S, Marklund B, Gedda B. (2011). Type 2 diabetes: perceptions of quality of life and attitudes towards diabetes from a gender perspective. *Scandinavian Journal of Caring Sciences.* Mar 1. doi: 10.1111/j.1471-6712.2011.00879.x.
- III. Svenningsson I, Björkelund C, Marklund B, Gedda B. (2011). Anxiety and depression in obese and normal-weight individuals with diabetes type 2: A gender perspective. Accepted for publication. *Scandinavian Journal of Caring Sciences.*
- IV. Svenningsson I, Hallberg LM, Gedda B. (2011). Health care professionals meeting with individuals with Type 2 diabetes and obesity:-Balancing coaching and caution. *Int J Qualitative Stud Health Well-being* 2011; 6: 7129 - doi: 10.3402/qhw.v6i2.7129



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Abstract

Aims: The objectives of this thesis are to illustrate how obese and normal-weight individuals with type 2 diabetes (T2DM) experience their health status and health care interactions and to highlight the diabetes team (doctor, nurse, dietician, physiotherapist) approach to treating obese individuals with T2DM.

Methods: Studies I and IV were qualitative interview studies. In study I, the informants were individuals with T2DM and normal weight or obesity. The analysis method was content analysis (n=28). In study IV, interviews were conducted with seven groups and three individual members of a diabetes team. The grounded theory (GT) method was used to analyse the transcribed interviews.

Studies II (n = 287) and III (n= 339) were cross-sectional studies. In study II, health-related quality of life (HRQL) was measured with the Short Form 36 (SF 36) and Well-Being Questionnaire (W-BQ12). Attitudes towards disease and treatment were measured with the Diabetes Attitude Scale (DAS) and Diabetes Treatment Satisfaction Questionnaire (DTSQs). In study III, the Hospital Anxiety and Depression Scale (HADS) and the Beck Depression Inventory II (BDI-II) were employed to estimate the subjects' symptoms of depression and anxiety. The Mann–Whitney U-test was used to examine differences between normal-weight and obese individuals with T2DM and between women and men.

Result: The informants felt supported and secure when their care encounters were based on the perspective of the individual. When the encounter was based on the health care perspective, it created feelings of being stuck, defiance, guilt and shame. The health care professionals' main concerns were to give professional, individualised care and to find the right balance between coaching and caution. T2DM and obesity were associated with decreased HRQL and increased anxiety and depression in both genders. These associations influence health care professional-patient interactions and affect the individual's coping with his or her illness.

General conclusion and implications: Health care professionals in Primary Health Care (PHC) must consider each individual patient's life situation, including physical, mental, cultural and social dimensions and the differences between the genders. Treatment plans must focus on the individual's specific situation.

Keywords: Anxiety, depression, diabetes type 2, gender, health care professional, health related quality of life, obesity, patient, primary health care